

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2019
NAME OF PROVIDER OR SUPPLIER KOHALA HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 54-383 HOSPITAL ROAD KAPAAU, HI 96755		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	Initial Comments A relicensing survey was conducted by the Office of Health Care Assurance (OHCA) on 06/06/19. The facility was found not to be in substantial compliance with Chapter 11-94.1, Nursing Facilities, Hawaii Administrative Rules.	4 000		
4 149	11-94.1-39(b) Nursing services (b) Nursing services shall include but are not limited to the following: (1) A comprehensive nursing assessment of each resident and the development and implementation of a plan of care within five days of admission. The nursing plan of care shall be developed in conjunction with the physician's admission physical examination and initial orders. A nursing plan of care shall be integrated with an overall plan of care developed by an interdisciplinary team no later than the twenty-first day after, or simultaneously, with the initial interdisciplinary care plan conference; (2) Written nursing observations and summaries of the resident's status recorded, as appropriate, due to changes in the resident's condition, but no less than quarterly; and (3) Ongoing evaluation and monitoring of direct care staff to ensure quality resident care is provided. This Statute is not met as evidenced by: Based on record review and interview the facility failed to implement measurable objectives and timeframe's to appropriately administer an Anti-depressant medication and to monitor its	4 149	What corrective action will be accomplished for those residents found to have been affected by the deficient practice.	7/31/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/01/19

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4 149	<p>Continued From page 1</p> <p>efficacy and side effects.</p> <p>Findings include:</p> <p>During a review of Resident (R)15's medical record reflected that R15 was prescribed Escitalopram (an Anti-depressant medication) 10 milligram (mg) tabs take 1 1/3 tabs every morning (QAM) for depression. A review of the comprehensive diagnosis list supplied by the facility indicated that R15 did not have a diagnosis of Depression.</p> <p>Care plan review revealed R15 was not being monitored for the efficacy and drug side effects of the Escitalopram on the care plan.</p> <p>During an interview with Registered Nurse (RN) 26 on 06/05/19 at 02:42 PM stated that R15 did not have a diagnosis or was provided with goals and interventions on the care plan to support Anti-depressant use.</p>	4 149	<p>Resident's care plan for antidepressant (psychoactive drug) will include interventions that includes type of drug, monitoring efficacy, side effects, and mood of resident. Listing of side effects will be listed and monitored on the Medication Administration Record. Efficacy and mood of resident will be also monitored and document on Medication Administration Record. The above will occur by: 7/1/2019.</p> <p>Resident's care plan will include measurable objectives (goals) and time frames to meet the resident's medical, nursing, mental, and psychosocial needs by 7/1/2019.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Pharmacist will print out antidepressant use for all residents. Each Registered nurse will receive this list and assure that their assigned resident has a care plan for antidepressant use.</p> <p>Resident's care plan for antidepressant (psychoactive drug) will include interventions that includes type of drug, monitoring efficacy, side effects, and mood of resident.</p> <p>Resident's care plan will include measurable objectives (goals) and time frames to meet the resident's medical, nursing, mental, and psychosocial needs. The above will occur by 7/31/2019.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not</p>	

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4 149	Continued From page 2	4 149	<p>recur.</p> <p>At monthly IDT, team will review all care plans for antidepressant use on a quarterly basis and gradual dose reduction will be reviewed, assessed, considered, and implemented by 6/25/2019 and on-going.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>At QAPI monthly meetings, report will be given to Quality Improvement Committee on IDT's care planning for all antidepressant use for the next 3 months by: 9/30/2019.</p> <p>Note:</p> <p>1. Although the citation states that the resident in question does not have a depression diagnosis - resident does have a depression diagnosis and RN did present the documentation of depression diagnosis in the resident's chart to the surveyor. This document is available upon request.</p> <p>2. Pharmacist and Hospitalist have reviewed antidepressants to consider and assess benefits or contraindication for dose reduction. Pharmacist states that the resident has been considered for GDR quarterly for a year as required, and now is reviewed for GDR every year.</p>	
4 195	<p>11-94.1-46(l) Pharmaceutical services</p> <p>(l) All drugs, including drugs that are stored in a refrigerator, shall be kept under lock and key, except when authorized personnel are in</p>	4 195		7/31/19

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4 195	<p>Continued From page 3</p> <p>attendance. The facility shall be in compliance with all security requirements of federal and state laws as they relate to storerooms and pharmacies.</p> <p>This Statute is not met as evidenced by: Based on observation and interview the facility failed to securely lock and properly discard stored medications in one medication cart and one medication refrigerator for the following eight Residents (R)1, R3, R4, R5, R7, R11, R13, R19. The facility failed to safely store medications in the medication refrigerator by failing to log and monitor the temperature of the refrigerator.</p> <p>Findings include:</p> <p>During an observation on 06/04/19 at 08:55 AM a medication cart was found unlocked and unattended. Inside the medication cart the following expired medications were found:</p> <ol style="list-style-type: none"> 1. Milk of Magnesia for R5, Discard after 04/2019. 2. Milk of Magnesia for R19 Discard after 04/2019. 3. Mi Acid Suspension for R11 Discard after 04/2019. 4. Mi Acid Suspension for R9 Discard after 04/2019. 5. Mi Acid Suspension for R3 Discard after 04/2019. 6. Mi Acid Suspension for R13 Discard after 04/2019. 7. Nyamyc for R2 Discard after 04/2019. 8. Triamcinolone Acetonide Cream 0.1% for R4 discard after 04/2019. 9. Hydrocortisone Cream 1% for R11 discard after 04/2019. 10. Triamcinolone cream 0.1% for R4 discard 	4 195	<p>Pharmacy Services - Med cart was unlocked and expired medications was stored in cart.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>In-service all nurses on medication cart being kept locked when not in use or not monitored by a nurse for safety reasons/purposes and consequences of cart not being kept locked for safety reasons. All present nurses and new hired nurses will sign an agreement to keep cart locked when not monitored or in use for safety purposes by 7/1/2019. Medication nurse on evening shift reviewed medication cart and removed/discarded all expired medications by 6/7/2019.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Charge nurse will check medication cart throughout shift and report to Nurse manager immediately when cart is left unlocked and unattended. Event report will be created by the RN Charge Nurse on that shift and turned in to the safety committee within 24 hours or reported to the Nurse Manager on-call during the</p>	

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4 195	<p>Continued From page 4</p> <p>after 04/2019.</p> <p>11. Ammonium Lactate 12% for R7 discard after 04/2019.</p> <p>12. Triamcinolone Acetonide Cram 0.1% for R13 discard after 04/2019.</p> <p>13. Selenium Sulfide 2.5% lotion for R1 discard after 04/2019.</p> <p>Registered Nurse (RN)35 re-secured the medication storage cart.</p> <p>During an observation of the medication room refrigerator discovered there was no temperature log found and contained the following expired medications:</p> <p>1. Fleet Glycerin Suppository for R7 discard after 05/2019.</p> <p>2. Fleet Glycerin Suppository for R9 discard after 04/2019.</p> <p>3. Bisac-Evac 10 milligram (mg) Suppository for R11discard after 04/2019.</p> <p>4. Bisac-Evac 10 mg Suppository for R7 discard after 04/2019.</p> <p>5. Bisac-Evac 10 mg Suppository for R5 discard after 04/2019.</p> <p>6. Bisac-Evac 10 mg Suppository for R19 discard after 04/2019.</p> <p>7. Bisac-Evac 10 mg Suppository for R13 discard after 04/2019.</p> <p>8. Bisac-Evac 10 mg Suppository for R13 discard after 04/2019.</p> <p>During an interview with RN26 on 06/04/19 at 08:57 AM validated the medication unlocked cart and should be kept locked.</p> <p>During an interview with RN27 on 06/04/19 at 09:46 AM validated that the medication cart should be kept locked and expired medications</p>	4 195	<p>weekends by 7/31/2019.</p> <p>Night shift change nurse will check medication cart every Sunday for expired meds weekly. All expired medications will be discarded per facility policy and procedure by 7/31/2019.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p>Pharmacist will check medication carts for expired medications monthly and medications that are found left in the cart and expired will generate an event report and turned in to the next safety committee meeting (Monday-Friday) and reported to the Nurse Manager on-call during the weekends by 7/1/2019.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>At QAPI monthly meetings, report will be given to the Quality Improvement Committee on the number of times cart was unlocked and unattended and action taken by 7/31/2019.</p> <p>At QAPI monthly meetings, report will be given to the Quality Improvement Committee for the next 6 months by the Pharmacist on number of expired medication in cart at monthly checks by 12/1/2019.</p> <p>Lock med room - no temperature logs on LTC refrigerator.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient</p>	

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4 195	<p>Continued From page 5</p> <p>found in the medication cart should have been discarded.</p> <p>During an interview with S27 on 06/04/19 at 10:23 AM validated that the LTC refrigerator does not have temperature log.</p> <p>During a conference call with PharmAmerica designated Pharmacist (Pharm D) and S27 on 06/05/19 at 03:13 PM the Pharm D clarified the discard date is the expiration date written on the medication label and not the manufacturers date written on the medication.</p>	4 195	<p>practice.</p> <p>LTC medication refrigerator log placed on 6/4/2019 and nurses log temperature daily on AM shift and PM shift. Completion: 6/4/2019.</p> <p>How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Night shift charge nurse will check LTC medication refrigerator log every night to assure temperatures are taken twice per day. Report given to Nurse Manager when log not done via event report by 7/31/2019.</p> <p>What measures will be put into practice or what systemic changes you will make to ensure the deficient practice does not recur.</p> <p>Maintenance Manager will research and purchase an automatic temperature alarm and log system for the LTC refrigerator. RN Educator will in-service all nurses immediately upon receipt of this automatic temperature log device of its use and maintaining temperatures along with the twice per day checks logged by medication nurse. This action will be done by 9/30/2019.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur.</p> <p>At QAPI monthly meetings, report will be given to the Quality Improvement Committee for the next 3 months on the logging and maintaining proper refrigerator temperatures. Completion: 9/30/2019.</p>	

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